

**Application Data Sheet**

**Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Group Art Unit::       | N/A   |
| CD-ROM or CD-R?::                | None  |
| Sequence submission?::           | None  |
| Computer Readable Form (CRF)?::  | No  |
| Title::                          | METHODS OF TREATING MICROBIAL<br>INFECTIONS IN HUMANS AND ANIMALS |
| Attorney Docket Number::         | 029869.00001-US01   |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Small Entity?::                  | Yes   |
| Petition included?::             | No  |
| Secrecy Order in Parent Appl.?:: | No  |

**Applicant Information**

|                                  |  |
|----------------------------------|--|
| Applicant Authority Type::       | Inventor   |
| Primary Citizenship Country::    | US   |
| Status::                         | Full Capacity  |
| Given Name::                     | Craig  |
| Middle Name::                    | A.   |
| Family Name::                    | Townsend   |
| City of Residence::              | Baltimore  |
| State or Province of Residence:: | MD   |
| Country of Residence::           | US   |
| Street of mailing address::      | Department of Chemistry<br>Johns Hopkins University;<br>3400 N. Charles Street |
| City of mailing address::        | Baltimore  |

State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21218

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: D.  
Family Name:: Dick  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: Johns Hopkins Hospital  
Meyer B1-193; 600 N. Wolfe Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21287

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nicole  
Middle Name:: M.  
Family Name:: Parrish  
City of Residence:: Ellicott City  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 2745 Weatherstone Drive  
City of mailing address:: Ellicott City  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21042

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Minerva  
 Middle Name:: Amorette  
 Family Name:: Hughes  
 City of Residence:: Baltimore  
 State or Province of Residence:: MD  
 Country of Residence:: US  
 Street of mailing address:: #2-1 Sharondale Way  
 City of mailing address:: Baltimore  
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 Postal or Zip Code of mailing address:: 21221

#### **Correspondence Information**

Correspondence Customer Number:: 26853

#### **Representative Information**

Representative Customer Number:: 26853

#### **Domestic Priority Information**

|                   |          |
|-------------------|----------|
| 60/394,573        | 07/09/02 |
| PCT/US2003/021469 | 07/09/03 |

#### **Assignee Information**

Assignee name:: FASgen, LLC  
 Street of mailing address:: Bayview Medical Campus  
 5210 Eastern Avenue  
 City of mailing address:: Baltimore  
 State or Province of mailing address:: MD  
 Postal or Zip Code of mailing address:: 21224

Assignee name:: Johns Hopkins University  
Street of mailing address:: 4910 Eastern Avenue  
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